



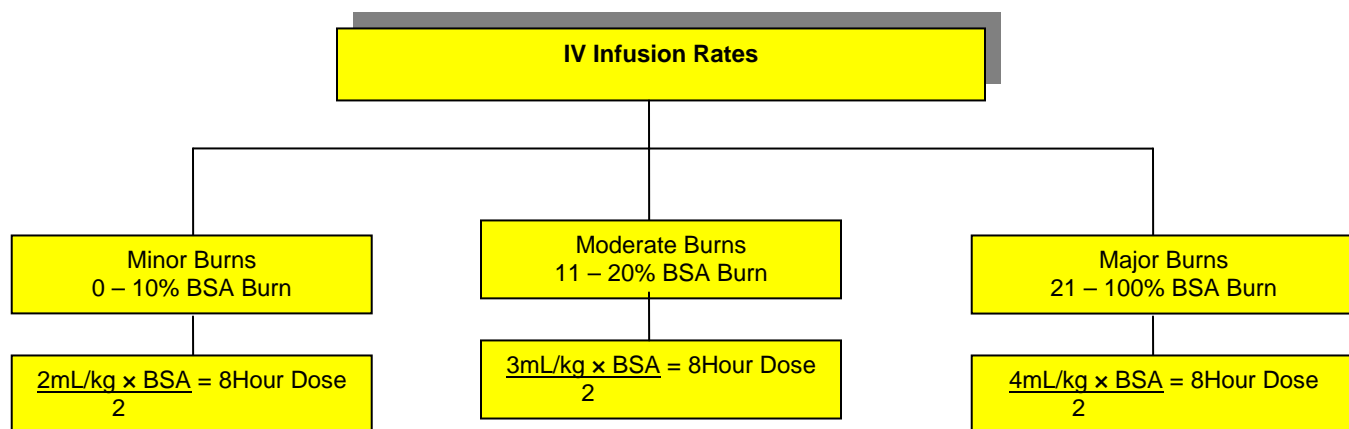
FLWEMS Paramedics Neonatal & Pediatric Protocol for the Management of: **BURN TRAUMA**

Indications

To outline the paramedic care and management of the neonatal/pediatric patient with burn trauma.

Procedure

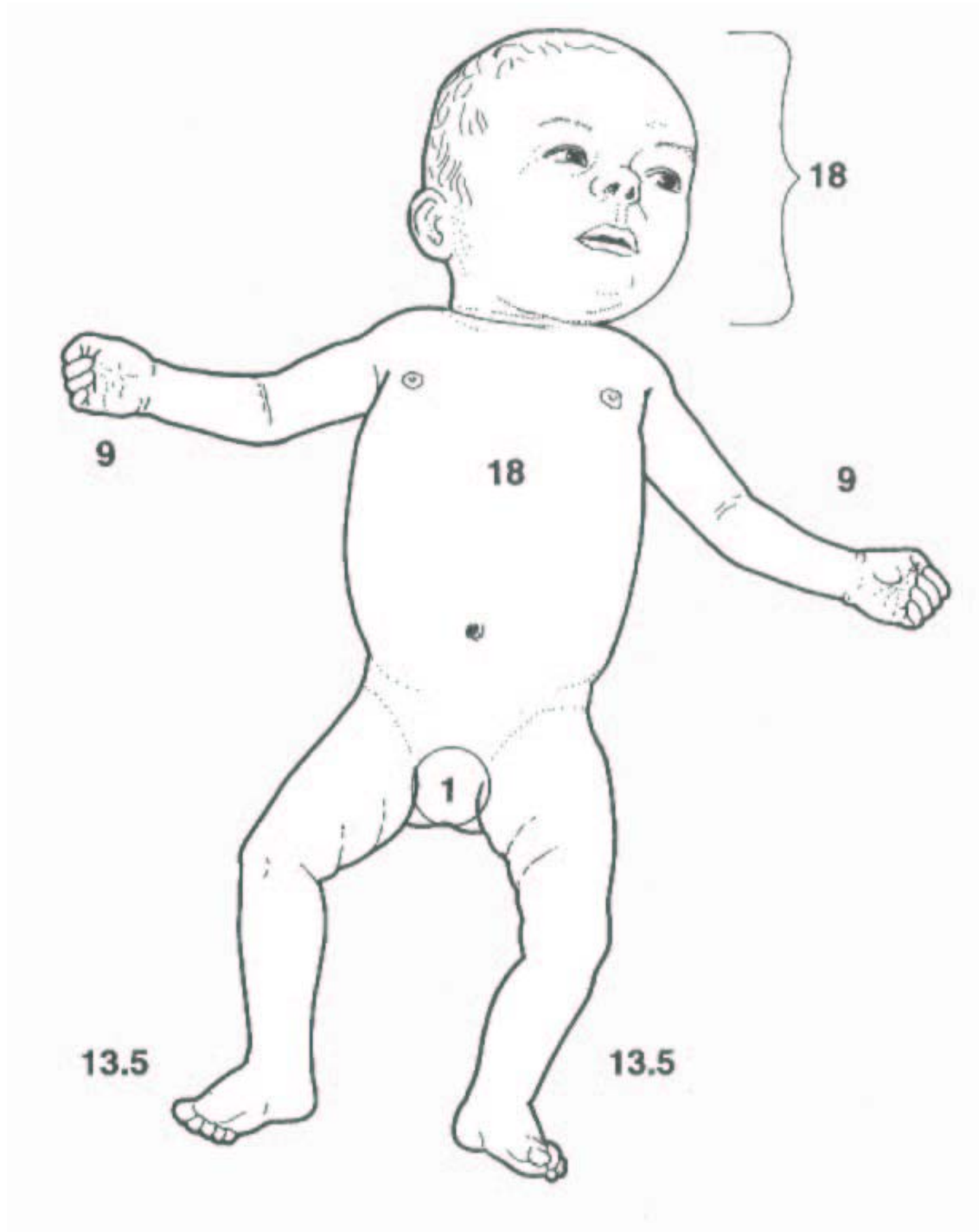
1. Remove heat source as soon as possible.
2. Secure an airway as outlined in FLWEMS Paramedics Adult Protocol for the Management of Airway & Ventilation and administer supplemental **Oxygen** as needed. Consider early intubation if patient is high risk for inhalation injury.
3. Use full spinal immobilization for potential or suspected associated trauma per spinal injury protocol, especially in blast injuries.
4. Establish a minimum of one large bore IV of **Lactated Ringers**. Attempt two large bore IV's for all Class I patients.



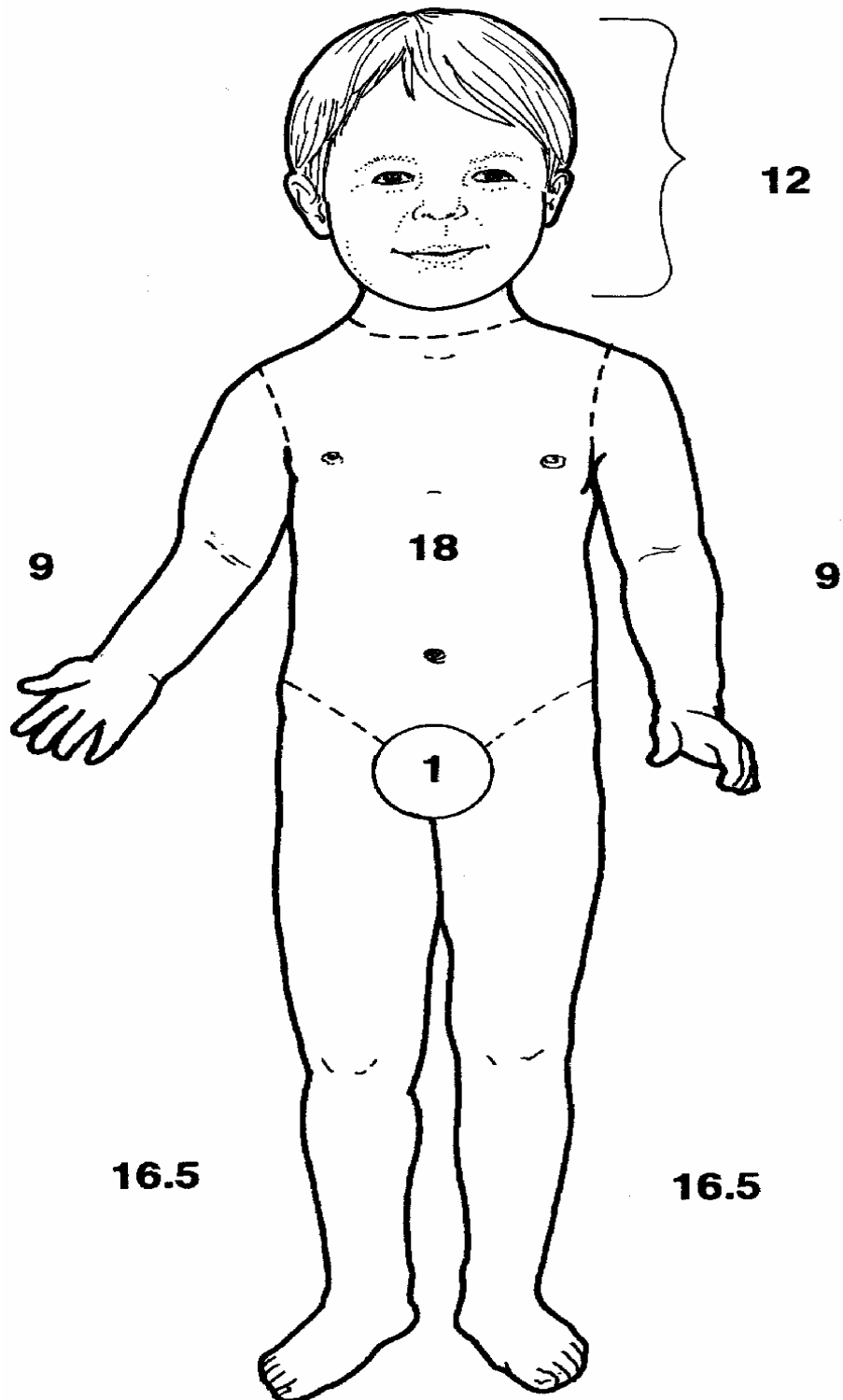
5. Contact medical control and consider administration of:
 - a. **Morphine Sulfate** (MS04) 0.1-0.2mg/kg IM or IVP every 5-10 minutes as needed titrated to stable SBP for patient's age.
 - b. Consider **Meperidine HCl** (Demerol) 1-1.8 mg/kg IVP if patient has allergies to **Morphine Sulfate**, may repeat every 5 minutes as needed for pain control needed titrated to stable SBP for patient's age.

NOTE: As a "Standing Order" paramedics may administer up to 2mg Morphine Sulfate IVP for obvious orthopedic compromises and/or second or third degree burns prior to contacting Medical Control.
6. Monitor respiration's if not intubated.
7. Maintain pain control per pain management protocol.
6. Maintain body temperature with dry linens.
7. Monitor cardiovascular & pulmonary status.
8. Transport to appropriate Emergency Department.
9. Contact medical control for further orders as needed.

INFANT RULE of NINES CHARTS
(Count 2° and 3° Burns Only)



ADOLESCENT RULE of NINES CHARTS
(Count 2° and 3° Burns Only)



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BURN TRAUMA

CAIRA/Chemical Surety Considerations

None

Triage Considerations

Refer to S.T.A.R.T. Triage Protocol

END OF SOP – NOTHING FOLLOWS